

Running head: ART THERAPY AND MUSEUMS

Art Therapy and Art Museums: Recommendations for Collaboration

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By

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Master of Arts in Art Therapy

Herron School of Art and Design

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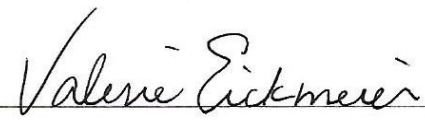
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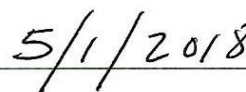


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ABSTRACT

An integrative systematic literature review was used to determine recommendations for collaboration between art museums and art therapy practice. Concepts including history of the art museum, programming in art museums, benefits of looking at artwork in person, therapeutic factors of art therapy, and therapeutic factors of the art museum were explored in the literature review. factors present in the art museum include potential space, and physical aspects of the Therapeutic museum space. Physical aspects of the museum allow individuals to relate to museum collections and physical boundaries of the museum similarly to how they relate to people in their lives. By connecting therapeutic factors present in art therapy and in art museums, areas in need of improvement were found relating to how art therapists were using the museum as a space in which to conduct art therapy. The art therapy articles found detailing art therapy programming in art museum were examined and as a result, recommendations in the areas of media dimension variables and the ETC, use of museum artwork, therapeutic factors of art therapy, therapeutic factors of art museums, and utilization of gallery space for artmaking were provided.

Keywords: art museum, potential space, therapeutic factors

DEDICATION

I would like to dedicate this thesis to the multitude of artists that have influenced my creative process and inspired me to continue creating. Art has allowed me to find my place in the world, and to each of them I will be forever grateful.

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I would like to acknowledge the wonderful people that have been and are a part of my life. You have all encouraged me on this journey through graduate school. To my parents: your support means the world to me. I cannot imagine where I would be had you both not allowed me to follow my love for the arts. To my sister, Lindsey: your friendship and support means everything to me. You have and always will be my best friend. I appreciate you always being there when I need you. To Rob: you are one of the best people I have ever had the pleasure of knowing. You have shown me the importance of being myself unapologetically, and consistently make me want to be a better person. Your support during my final year of graduate school was not overlooked, and I appreciate you more than words could ever describe. To Heather, Bailee, Dani, Courtney, Jessie, Brittany, and Meg: I consider it an honor to have met each of you. I appreciate all the laughs, long days, and triumphs we have experienced together. I am grateful I got to experience graduate school with each of you and cannot imagine getting through these two years without you all by my side. Finally, to my professors, Eileen Misluk and Michelle Itczak, who have taught, coached, and mentored me into the professional that I am today: I am grateful for your guidance and leadership.

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CHAPTER I

INTRODUCTION

Art museums are cultural institutions housing a variety of art objects from around the globe. Museums have evolved from their original purposes of housing art objects into the current phase of the art museum, the postmodern museum, characterized by an increased interest in exploring common themes and relationships among artwork on display as well as placing the visitor in the role of determining meanings of works of art (Gibson, 2006). With the goal of individuals becoming key figures in finding meaning among works of art, emphasis on aesthetics has been put aside (Reid, 2011). Many museums are now focusing their efforts on encouraging socially engaging programming that places importance on individual responses to artwork (Reid, 2011).

Socially engaging programming in the Postmodern art museum consists of exhibitions of historical events, community education and awareness, therapeutic art interventions, and art therapy (Peacock, 2012). Art therapy programming has been studied within this Postmodern museum setting and has been found to have positive impacts on self-esteem, social inclusion, cognitive processes of attention and concentration, and problematic behaviors (Camic, Tischler, & Pearman, 2013; Treadon, Rosal, & Thompson, 2006; Peacock, 2012). Although research regarding the effectiveness of art therapy programming within the art museum has been conducted, there is little research into the therapeutic factors within the art museum that support art therapy programming.

It is hypothesized that through an integrative systematic literature review that the therapeutic factors of art museums will be identified, and the therapeutic factors innate in art museums will help identify benefits of utilizing these spaces for art therapy programming. This study aims to provide a comprehensive overview of art therapy programming in art museums to

delineate the therapeutic factors of those unique spaces. Through a systematic literature review, this paper will examine current art therapy programming in art museums as well as sociocultural factors in art museums that can inform and support the therapeutic factors of art therapy.

Operational Definitions

Art therapy – “Art therapy is an integrative mental health and human services profession that enriches the lives of individuals, families, and communities through active art making, creative process, applied psychological theory, and human experience within a psychotherapeutic relationship” (American Art Therapy Association, 2017).

Intervention – “purposeful action by a human agent to create change” (Midgely, 2000, p.113)

Postmodern art museum – current state of the art museum characterized by an increase in visitor engagement with artwork, and more socially engaging programming within the art museum (Gibson, 2006).

Therapeutic/curative factors – factors that influence the process of change and recovery in therapy (Yalom and Leszcz, 2005).

Divergent thinking – cognitive ability to produce many different solutions or ideas to a problem or other stimulus, often linked to creativity (Jeon et al., 2011).

Self – system composed of four aspects of a person: biology (physical functioning, physiology, and chemistry), psychology (cognitions, emotions, attitudes, and behaviors), sociology (relationships with others and the environment), and spirituality (Silverman, 2010).

Self-concept – changing view of self-representation formed by personal experiences and the external environment (Kaufman et al., 2014).

Identity- “significant subset of self construals: those that are relatively accessible mentally, deemed essential to who one is, and valued as important” (Vignoles et al., 2011,p.305)

Potential Space – the psychological space located between fantasy and reality that allows for elements of surprise and unknown in psychotherapy (Spencer, 2012).

Integrative systematic literature review- type of literature review in which existing literature is reviewed in order to organize data with an end result in mind (Abelsson et al., 2015; Fain, 2016).

Primary process thinking- attempts to discharge tension in the body by forming an image of a solution to a problem or aversive stimulus in the mind (Hall, 1999).

Secondary process thinking – further attempt to discharge tension in the body by seeking out realistic solutions to a problem or aversive stimulus (Hall, 1999).

CHAPTER II

METHODS

Literature was reviewed using a systematic integrative literature review methodology. A systematic literature review is a scientific process of collecting data in order to summarize, appraise, and communicate results and information gained from various studies (Fain, 2016). An integrative literature review allows the researcher to organize information based on the aim or hypothesis of the study (Abelsson, Rystedt, Suserud, & Lindwall, 2016). Research in an integrative literature review leads to “more comprehensive understanding, broader general knowledge, and deeper understanding” (Abelsson et al., 2015, p. 235). In a systematic integrative literature review, existing literature is reviewed to organize data with an end result in mind (Abelsson et al., 2015; Fain, 2016).

The systematic integrative review followed 6 steps for data collection, analysis, and presentation of the findings. The first three steps included preparing the guiding question, searching the available literature, and filtering the findings for data collection. Data collection was followed by critical analysis of the selected studies. The final product included a discussion of the results and, finally, presentation of the literature review (Torraco, 2005). Art therapy literature was first examined to collect information regarding art therapy within the art museum setting. Literature was then reviewed to inform the reader on the history of the art museum, the social and cultural benefits of the art museum as a space, and the benefits of looking at artwork in person. Additional literature was reviewed to determine the examples of current museum programming, as well as literature regarding the current state of art therapy programming in art museums.

CHAPTER III

LITERATURE REVIEW

Differences exist between art therapy and art classes in the art museum setting (Canas, 2011). While art classes educate about art forms, artists, and aesthetics, art therapy in art museum settings is led by art therapists and has an intention to achieve therapeutic goals (Canas, 2011). Salom states art museums support art therapy treatment because they are effective organizing principles; in other words, the museum is present, constant, and allows individuals to integrate their experiences in the museum to the outside world (Salom, 2011). According to Canas (2011), acculturation accounts for the main reasons art therapy in art museums is effective; acculturation in the art museum connects individuals from across cultures and allows individuals to explore concepts of personal identity, mental health, self-esteem, and personal feelings towards the larger population as a whole.

Art Museums

Brief history. Museums are spaces in which art and artifacts are preserved for future generations (Salom, 2011). These objects preserve the selected cultural memory of humanity (Heidenrieck & Plaza, 2015). According to Gibson (2006), art museums began in the foundational phase characterized by the organization of these cultural artifacts into historical categories; works of art and their accompanying information (time period, place in which they were created, and artist) was of utmost importance. Art museums appeared very vast, and labyrinth-like, and were built with the overall historical narrative of the artwork displayed in mind (Sutton, 2007). Over time, art museums moved into the Blockbuster era where emphasis was placed upon art museums to make their collections more accessible and exciting (Gibson, 2006). In this era of art museums, most institutions increased the amount of space around each image, transforming the galleries into the spaces that we know today (Sutton, 2007). It was

during this phase that uses for art museums began to diversify (Sutton, 2007). Following that phase, the current phase of the art museum emerged: The Postmodern Museum (Gibson, 2006). Gibson (2006) lists three differences between this current phase and past phases of the art museum: an altered relationship to the past, the art objects, and the original museums mission. Art museums began to display objects in special exhibitions with more importance placed on theme rather than time period; began to place increased emphasis on technology to enhance the visitor experience with the art object; and are becoming spaces in which politically and socially engaging programming are integral to visitor experience (Gibson, 2006).

Silverman (2010) states the current role of the museum is to improve lives of visitors and to be relevant to issues facing society, allowing the museum to function as a place in which social change can take place. Museums are continually challenged with connecting the community to current issues, while remaining places where individuals can come for personal transformation (Canas, 2011). The importance of this idea of personal transformation is expanded upon by Thumin (2010), stating that museums in their current state allow visitors to find meaning in works of art and allow visitors to speak publicly (if desired) regarding the meanings they find. The 20th century saw the biggest leap in museums functioning this way; it was in this century that public uses for museums began to diversify (Sutton, 2007).

Sociocultural benefits of the space. According to Heindenreich and Plaza (2015), museums can be bridging institutions; they bring people together with differing points of view and encourage dialogue. Williams (2010) adds, art museums invite personal connection through the process of reflection which in turn builds community. Global migration has been offered as one reason for the increased emphasis on community building (Ang, 2005). Societies are

becoming more culturally diverse, and therefore, museums have been under pressure to make programming more accessible to a wider audience (Ang, 2005).

Sutton (2007) states curators and what they choose to do with the artwork in museum collections keeps museums from becoming obsolete. According to Ang (2005), museums must abandon the idea of objects and artwork being of utmost importance; museums must become places for their communities to learn about differing cultures and perspectives. With this notion, individuals are expected to bring their lived experience into the museums and actively participate in public programs and the interpretation of objects (Ang, 2005). Silverman (2010) lists lived personal experience as just one context that influences the museum experience. The physical museum space and social aspects of the museum are just as important (Silverman, 2010).

One social aspect of the museum, avoiding social exclusion, is at the forefront of many museum administrators' minds (Silverman, 2010). John Vincent, defines social exclusion as "the process of being shut out, fully or partially, from... political, social, cultural, or economic systems" (as cited in Silverman, 2010, p.19). Many museums are consistently looking for ways in which to engage individuals affected by social problems and determine ways in which to meet their needs through museum programming (Silverman, 2010).

Benefits of looking at artwork in person. Freud believed that viewers of artwork and the artists behind works of art had similar, if not the same, reactions to works of art; viewing something another person has created should evoke similar impulses in both artist and viewer (Frois, 2010). With this idea in mind, artwork and responses to it can be viewed as extensions of the artist's body (Veder, 2009). Veder (2009) reports on Arthur B. Davis' Inhalation Theory of Art stating all artwork is only of importance if it expresses the process of breathing. This theory, while placing emphasis on artwork being an extension of the artist's body by the ways in which

it mimics breathing, also places emphasis on bringing life to the static form (Veder, 2009).

Spencer (2012) adds, works of art articulate bodily and affective experiences that individuals are both aware and unaware.

By viewing works of art as objects with life, art museum visitors can begin to connect to works of art much similarly to how they connect with people (Shaer et al., 2008). This connection can allow museum visitors to gain self-esteem, increase knowledge, skills, and value, change behaviors, and address social problems (Shaer, et al., 2008). Spencer (2012) writes the artwork helps people to be present in the moment, find comfort in situations that make them feel uncomfortable, and increases ability to accept difficult emotions such as sadness and distress. Spencer (2012) specifically cites contemporary art as a source of reflection. Contemporary art can allow individuals to process issues that they want to become cognizant and those that they prefer to stay in the unconscious (Spencer, 2012). However, Spencer (2012) does not state the components of contemporary art that allow it to function in this way. By looking at contemporary artwork, individuals can reflect upon issues they may not be conscious of and can help move people towards experiencing themselves and the world in new ways. Lastly, Spencer (2012) states looking at artwork aids in improving visual and perceptual skills and allows for engagement in divergent thinking. Divergent thinking is the cognitive ability to produce many different solutions or ideas to problems or other stimuli; this type of thinking is often linked to creativity (Jeon et al., 2011). Divergent thinking is present in the museum space by engaging in risk taking and new learning processes as well as by gaining increased conceptual understanding (Spencer, 2012).

Specker, Van Elk, and Tinio (2017) researched aesthetic experiences of art in museums versus art in a laboratory setting by using the Mirror Model of Art. The Mirror Model of Art

hypothesizes that creating art and viewing art are similar processes. The creative process begins with an idea, then the artist adds more elements to the artwork and, finally, finishing touches. Similarly, the aesthetic experience begins with the viewer examining the surface of the work, the general structure, and then the viewer attempts to understand the work through concepts that may have motivated the artist to begin creating the work in the first place (Specker et al., 2017). Both stages of making and viewing art involve visual processing, detailed processing, and interpretation. Specker et al. (2017) used this information to determine the methodology for a study in which they examined these types of processing in both art museum and laboratory settings. Their mixed methods approach combined qualitative and quantitative research designs in two separate, smaller studies to achieve the final results. Results showed museum participants used the context of the museum to expand their knowledge of the artwork on display (Specker et al., 2017). Participants viewing art in the museum setting were able to see more details in the works, and the researchers were able to gain insight into the participants based on the works they spent the most time observing (Specker et al., 2017). This interaction was not present in the laboratory setting. Overall, the researchers found more benefits to viewing artwork in the art museum rather than reproductions of the artwork within the laboratory (Specker et al., 2017).

Programming in Art Museums

Programming in art museums is often geared towards children and adolescents but additional emphasis is placed upon programming for veterans and older adults with dementia (Peacock, 2012; Kaufman et al., 2014; Camic, Baker, & Tischler, 2016; Delucia, 2016; Erikson & Hales, 2014). Peacock (2012) identifies three main types of programming existing in art museums: exhibitions of historical events, community education and awareness, and therapeutic

arts programming. Additionally, studio-based programming has taken place in art museums as a component of educational programming (Erikson & Hales, 2014).

Programming for youth and adolescents. Youth and adolescent programming in art museums incorporates the three categories listed above as well as studio-based educational programming. Studio-based educational programming has been implemented at many institutions, including the Institute of Contemporary Art in Boston, Massachusetts, the Museum of Contemporary Art in San Diego, California, and the Walters Art Museum in Baltimore, Maryland as well as an undisclosed art museum in the Southwestern United States, home of the *Visions* program (Erikson & Hales, 2014). *Visions*, a studio-based program, placed more emphasis on the communication and expression of an idea in artwork as opposed to the formal elements of art. In 2014, the *Visions* program, in its sixteenth year of programming, required participants to keep a sketchbook of responses to contemporary artwork in the museums and to create their own artwork for the duration of the program (Erikson & Hales, 2014). While students were expected to complete their artwork independently, guidance could be obtained from the teachers and visiting artists present during programming (Erikson & Hales, 2014). Results of the program were not explicitly stated in the literature.

Wilkinson, Tush, Mead, and Fernandez (2014), studied the impact of the Dali Museum Junior Docent Program on the self-concepts of children. During the summer months of 2010, 2011, and 2012, 176 children from the Tampa Bay, Florida area participated in the Junior Docent program for one week (Kaufman et al., 2014). Programming consisted of pre-test and post-tests using the Tennessee Self-Concept Scale 2, docent training in which the students were given a tour of the museum, art making, and the final participant project in which they gave museum tours using their new skills as docents. Researchers found that participants enrolled in the

program reported higher levels of self-concept following the one-week Junior Docent program (Kaufman et al., 2014). Participants scored lower in the conflict sub-score following the posttest administration, meaning participants were more likely to eliminate things they perceived as negative from their lives. Participants' satisfaction sub-scores increased indicating these participants were more accurately able to determine how others view them (Kaufman et al., 2014).

Exhibitions of historical events are another type of programming involving children and adolescents (Peacock, 2012). Programming highlighting the events of the Holocaust, the War in Vietnam, the World Trade Center attacks, and hurricane Katrina have displayed artwork from children and adolescents involved in these tragedies, as well as artwork created by children and adolescents in response to these events (Peacock, 2012). A rotating exhibition titled *Friedl Dicker-Brandeis and the Children of Terezin: An Exhibition of Art and Hope* displayed artwork and poetry from child victims of the Holocaust in 1999 (Peacock, 2012). In some of the venues where the exhibition was displayed, viewers were encouraged to make response art to process their own emotions surrounding the exhibition or the events of the Holocaust (Peacock, 2012). The result of this process was a visual representation of the effect the Holocaust had on those directly and indirectly involved in the event.

Programming for individuals with dementia. Art-based programming is also present in art museums for individuals with dementia and their caregivers. Camic, Tischler, and Pearman (2014) examined the effects of an art-gallery-based art intervention for individuals with dementia and their caregivers focusing on social inclusion, caregiver burden, quality of life, and daily living activities (Camic et al., 2014). Two different galleries were utilized in the study, one housing traditional art and one housing contemporary art. Both museums found positive effects

on social inclusion, enhanced cognition, and overall improved quality of life. Results also indicated that the caring relationship between the individuals with dementia and their caregivers increased post art gallery intervention (Camic et al., 2014).

Similar to the research conducted by Camic et al. (2014), The Museum of Art and Archeology at the University of Missouri-Columbia and Missouri University's Adult Day Connection Program partnered to provide individuals with early-onset Alzheimer's the chance to partake in art gallery tours and art making sessions twice per month (Peacock, 2012). The results showed that participants and their caregivers reported increased moods and verbal skills following the interventions (Peacock, 2012). The report of this research provided limited data beyond the results.

Similar programming exists at the Minneapolis Institute of Arts in Minneapolis, Minnesota (Peota, 2011). According to the program description, the *Discover Your Story* program consists of tours designed to aid individuals affected by memory loss in reminiscing about their own lives while comparing their stories to those stories told by works of art from the museum's collection (Peota, 2011). Results of the program were not stated in the literature.

The Museum of Modern Art (MoMA) implemented the MoMA Alzheimer's Project to build upon their longstanding history of providing art-based activities for individuals with special needs as well as their existing programming for older adults including Grandparents Day, teleconference courses for seniors who are homebound, and lectures both offsite and in the museum galleries (Rosenberg, 2009). Through a grant from MetLife Foundation, the MoMA Alzheimer's Project allowed museum staff to choose one older population and make a museum-based program to meet the specific needs of the identified population (Rosenberg, 2009). The goals of the program were to improve current Meet Me at MoMa programming for individuals in

middle stages of Alzheimer's disease and their caregivers, to determine best practices in creation and facilitation of gallery-based experiences, to offer resources to other museums interested in similar programming, and to raise awareness for the Alzheimer's population and their caregivers (Rosenberg, 2009). Because of this project, the Meet Me at MoMA program was evaluated. Through self-report measures of participants and their caregivers, it was found that participants reported positive changes in mood (Rosenberg, 2009).

The Creative Aging program at The Phillips Collection in Washington, D.C. aimed to promote well-being in the aging population with dementias (Rosenblatt, 2014). In one session a group of 15 individuals, the painting *Otis Skinner as Colonel Philippe Bridau* by George Luks was viewed, and members were asked the following questions: (What do you notice about this artwork?, Can you describe the central figure?, Let's imitate the facial expression and pose of the man, and How does it make you feel?) (Rosenblatt, 2014). Participants were also asked to discuss emotions they thought the man was feeling, what he could be thinking about, how the artist felt about the man in the painting, along with other questions geared toward engaging dialogue (Rosenblatt, 2014). It was found that individuals in the group were able to connect with the painting through their emotions. Following the art viewing, group members were to complete a self-portrait art therapy task. The art therapist instructed individuals to look at the mirror in front of them and think about which components of their physical appearance they wanted to depict in their portraits (Rosenblatt, 2014). Individuals were encouraged to share stories from their lives during the creation process, which allowed the individuals to explore their sense of self. Overall, the experience led the group to a deeper understanding of portraits. The *Creative Aging* program allowed individuals to bond in the group setting, feel a sense of accomplishment, and foster a sense of well-being (Rosenblatt, 2014).

At the Storm P. Museum, a smaller institution, aging individuals exhibiting socially isolative behaviors took part in art museum programming (Overgaard & Sorensen, 2015). Nineteen participants completed programming over a 5-month period (Overgaard & Sorensen, 2015). Participants assisted museum staff with finding additional knowledge about the artist Storm P., his artwork, and the time period in which his artwork was created (Overgaard & Sorensen, 2015). A curator from the museum led group discussions regarding Storm P.'s art and life and connections participants could make between their own life stories, the information presented by the curator, and the new information participants contributed (Overgaard & Sorensen, 2015). All participants in the group reported feeling loneliness caused by illness, loss of a loved one or friend, and unemployment (Overgaard & Sorensen, 2015). A sense of community was developed by the participants and it was reported that working on the project gave them a sense of purpose they were missing in their lives, increased their interest in culture, and allowed participants to forge new friendships (Overgaard & Sorensen, 2015).

Other types of programming. Art museum programming has also included veteran groups (Trojan, 2015). At the National Veterans Art Museum in Chicago, Illinois, visual art from nine veterans was displayed. Veteran artists were from America's most recent wars: the wars in Iraq and Afghanistan in the early-mid 2000s and Operation Desert Storm in the 1990s (Trojan, 2015). The exhibition titled *Surrealism & War*, invited visitors to confront the traumatic experience of war through the artists' psychological responses to war. These were evident in their artwork and from the art historical lens of surrealism by "making manifest the latent content of repressed experiences..." (Trojan, 2015, p. 302). This exhibition is just one example of programming at the National Veterans Art Museum. The museum's mission is to open dialogue about war by creating a public space in which the "display of visually arresting art is aimed at

educating the civilian community about the psychic costs of war while addressing the cathartic needs of soldiers” (Trojan, 2015, p.303).

Overgaard and Sorensen (2015) examined the effects of art museum programming with adults with mental health concerns. At the Storm P. Museum, artwork by the Danish artist Storm P. is displayed consisting of artwork relating to the idea of being human. Two workshops series in the fall of 2012 and 2013 took place with two separate art courses being taught each series. The seventeen participants visited the museums once every two weeks, became acquainted with the museum’s collection, and were included as part of the museum’s staff and volunteer group. In the first workshop, individuals learned about the humor behind Storm P.’s artwork and learned drawing and painting techniques. Participants also took part in two exhibitions with the works of art they created in the art courses. The art making activities were not completed in the museum but in the administration building located next to the museum. Researchers sat in during the art making sessions to record participant verbalizations (Overgaard & Sorensen, 2015). The second phase of the project involved participants receiving job training as docents at the museum for a one-year period. Over the course of the job training, researchers interviewed participants to record additional verbalizations (Overgaard & Sorensen, 2015). Researchers concluded, based upon participant verbalizations, that it was comforting to know everyone in the group was dealing with a mental health issue, that the museum was seen as a place of refuge, and that many participants’ drawing and painting skills improved (Overgaard & Sorensen, 2015). Participants referenced the museum program being an experience where their abilities were highlighted as opposed to their disabilities (Overgaard & Sorensen, 2015).

At the Tate Modern, a pilot art-based information prescription program was implemented in the mid-2000s (Shaer et al., 2008). The project was developed as a result of the Department of

Health's "Our Health, Our Care, Our Say" which was published in 2006 and committed to improving access to information for individuals with healthcare and social care needs for adults (Shaer et al., 2015). As a result of this paper, 20 new sites were chosen to create information prescriptions (IPs) which included information on diagnoses and treatments (Shaer et al., 2015). The primary purpose behind the project was to use imagery due to its ability to function as an emotional processing resource. The discussions in the gallery and during studio sessions were recorded and then edited to form IPs to accompany some of the artworks in the Tate. Through additional focus groups, it was found that the IPs created had emotional power to viewers. Individuals reported the images "coming to life", and the felt more comfortable discussing difficult topics related to diagnoses and treatment when viewing and listening to the IPs. The research indicated that people wanted information that spoke to them and not at them (Shaer et al., 2015). According to Shaer et al. (2015), the IPs should provide factual information regarding diagnoses, treatments, and available services. In addition, it is beneficial to include techniques used to cope with or manage specific conditions. This project allowed the Tate the ability to expand its audience and challenge traditional views of public galleries (Shaer et al., 2015). Individuals with mental health concerns and their caregivers were asked to walk around the gallery space and stop at any work to which they felt a connection to (Shaer et al., 2015). After stopping at a work of art in the gallery, Tate staff would briefly state information regarding the artist's life and any information they had on the artist's intention behind the work (Shaer et al., 2015). The art therapist involved in the project would then move the discussion away from art history to the visual impact the work had on the viewers (Shaer et al., 2015). The group began to make connections between the artwork and their own life stories. Following discussion, groups moved on to the image making portion of the program, where the art therapist recorded

discussion about the images individuals were making in the studio-based portion (Shaer et al., 2015).

Programming in art museums also includes programming for clinical social workers (Spencer, 2012). In Massachusetts, a program was approved by the National Association of Social Workers (NASW) for Continuing Education Units for 10 master's level clinical social workers. To begin the program, the facilitator gave a discussion about potential space (Spencer, 2012). Following the discussion, two-dimensional landscape artworks were viewed to emphasize the difficulty of depicting three-dimensional space on a two-dimensional surface and to hone observational skills. Abstract artwork was viewed next, allowing participants to engage with imagination. The facilitator made note to view abstract works that were simple but had some level of complexity that allowed participants to utilize the following perceptual channels: visual, auditory, sensory, kinesthetic, and spatial (Spencer, 2012). According to the group facilitator, clinical social workers viewing artwork in a museum setting could be more willing to be patient with their clients and be able to tolerate the sense of the unknown in therapy sessions more effectively (Spencer, 2012). It is also thought that viewing artwork in the museum setting allows social workers to be more open to alternative ways of thinking and therefore be more open to experiencing and thinking about their clients in new ways (Spencer, 2012).

Art Therapy in Art Museums

The American Art Therapy Association (2017) states, "Art therapy is an integrative mental health and human services profession that enriches the lives of individuals, families, and communities through active art making, creative process, applied psychological theory, and human experience within a psychotherapeutic relationship." Art therapy is based on the concept that everyone has an ability to project inner conflicts visually in the form of artwork (Naumburg,

1987). Art therapy has been found to have positive effects on children, adolescents, adults, and seniors (Treadon, 2016). Art therapists work in mental health, medical, and community-based settings with a variety of populations (Treadon, 2016).

Art therapists place emphasis on the Expressive Therapies Continuum (ETC), a theoretical brain-based framework for art making with an understanding of the media dimension variables (MDV) used in the creative process (Hinz, 2009). The ETC provides art therapists with a way to guide their clients through different levels of information processing in order to achieve integrated healing (Hinz, 2009). Media dimension variables present in art media using a continuum model are fluid versus resistive, simple versus complex, and structured versus unstructured (Lusebrink, 1990). Fluid versus resistive refers to the structural qualities of the media itself. Media that are fluid do not require more than minimal amounts of energy to manipulate and media that are resistive take more energy to manipulate. Lusebrink (1990) places two-dimensional media in order of fluid to resistive as follows: fingerpaint, watercolor, poster paint, chalk, magic markers and pencil. Three-dimensional media in order from fluid to resistive are water clay, oil clay, wood, and stone (Lusebrink, 1990). If an art medium is simple, few steps are required to manipulate the media. If an art medium is complex, it often requires more tools or steps in the manipulation process. Unstructured or structured media refers to the art task being spontaneous or directed by another individual. These media dimension variables and the way individuals respond to different media are based upon awareness of the environment, curiosity, energy level, and willingness to explore new mediums (Lusebrink, 1990). When given choices of media, individuals often choose media that are most comfortable to them, allowing them to exert control over the amount of expression they depict. Using different art media can increase self-

expression, support alternative forms of communication, aid in decision making, and in the release of emotional energy (Lusebrink, 1990).

The media dimension variables are only one component of the ETC. Media dimension variables only partially support the use of specific materials. The media dimension variables presented in the literature review are supported by the bipolar components of the ETC which relate to individual information processing styles. These components are kinesthetic, sensory, affective, perceptual, cognitive, and symbolic. Each level of the ETC relates to various materials discussed in accordance with media dimension variables. Each component of the ETC has related materials that aid in achieving the healing function within each bipolar component of the ETC. In the kinesthetic component, the healing function “involves increasing or decreasing clients’ amount of arousal and tension” (Hinz, 2009, p.41). Art materials used to achieve that healing dimension are resistive and require more effort to manipulate. Materials such as clay, soft stone and wood are often used within this component to support releases of energy (Hinz, 2009). In the sensory component, the healing function is slow, sensual experience allowing clients to become more aware of sensations internally. Sensory experiences can happen with many art materials, typically those that individuals can manipulate with their hands. When working within the sensory component, mediators, or tools used to manipulate materials are often eliminated leaving the individual to use only their hands when working with the materials (Hinz, 2009). This occurs most commonly with clay and paints. Brushes and clay tools are often set aside to allow the individual to experience the sensory qualities of the material. Clay, paint, and scented markers are commonly used materials within the sensory component, but potpourri, essential oils, and music can also be integrated into art making within this component (Hinz, 2009). Within the perceptual component, the healing function is based upon the idea of limits

and making order out of chaos. Boundaries and structure are emphasized in this component as well as physical properties of the art materials used and formal elements within the image. Materials used within this component are often simple materials, requiring little energy to manipulate (Hinz, 2009). Markers, pencils, colored pencils, and paints are common materials. In the affective component of the ETC the healing function is an increased awareness of appropriate emotions. In the affective component, fluid materials are often used. Paint is perhaps the most common fluid material used, and it as well as other fluid materials provides little time to think about expressing emotions as the individual is engaged in the act. Although paint is commonly used within this component, drawing materials and collage materials can also be utilized in the expression of emotions (Hinz, 2009). In the cognitive component, the healing function is the ability to generalize experience in one setting or instance to other similar situations. Cognitive problem-solving skills are encouraged in this component. Shapes of colored objects, collage materials and drawing materials are resistive media utilized. The cognitive level focuses on specific directives given to individuals such as predictive drawings, drawings from observation, and drawing from imagination (Hinz, 2009). Finally, in the symbolic component, healing function is the ability for the individual to recognize personal meaning present in universal symbols. Generalizations between individual experiences and abstract qualities are present. Pre-cut images, clay, drawing materials, and found objects can be used as materials while functioning within the healing component.

Also important in art therapy is the way artwork is viewed. Lusebrink (1990) identifies the following components of visual expression as important when viewing artwork: line, form, gestalts or configurations, differentiations of space, visual syntax, and color. These components are explored primarily with two-dimensional artwork. In visual artwork, lines are defined by

their length and the amount of pressure and energy used in creating the line. Lines can move horizontally, vertically, diagonally, and can be curvilinear. The length of lines used in artwork can indicate the energy level, and amount of intent and commitment in the creator. Lines often serve as pathways in two-dimensional artwork, in which the direction of the line is perceived by following the line with the eyes (Lusebrink, 1990). Forms, lines surrounding areas or color covering areas are characterized by their contour, shape, size, and direction. The mood and level of consciousness of the creator and his or her level of consciousness influence forms found in artwork (Lusebrink, 1990). Gestalts or configurations refer to how the entire composition of an artwork is structured. Good gestalts contain low levels of tension, bad gestalts are full of tension, and complex gestalts are inviting and stimulating to viewers. When creating artwork, and individual's preference for good, bad, or complex gestalts can indicate level of intellectual functioning and energy level (Lusebrink, 1990). When thinking about artwork in terms of space, Lusebrink (1990) stresses the importance of the amount of space utilized. The amount of space utilized in artwork can reflect the relationship the creator has with the environment. Visual syntax refers to movement or tension in the visual field. Visual fields can be placed on a continuum from disorganized to unified based upon the relationships between size, shape, and location of forms. The same visual form can be seen as disorganized and unified by different viewers. Finally, color can relate to amount of tension perceived in the work. Saturated colors are seen as tension-laden. Disruption of balance in works of art is present with highly saturated colors as opposed to gray tones and pastels (Lusebrink, 1990).

Therapeutic or curative factors of therapy. Therapeutic factors guide therapists in determining the best treatment methods to use with individual clients and groups in a variety of settings (McWhirter, Nelson, & Waldo, 2014). These factors influence the process of change and

recovery in therapy (Yalom and Leszcz, 2005). Yalom and Leszcz, (2005) identified eleven curative factors in verbal group therapy. They are altruism, universality, group cohesiveness, catharsis, interpersonal learning, development of socializing techniques, imparting information, imitative behavior, corrective recapitulation, installation of hope, and existential factors (Yalom & Leszcz, 2005). These same curative factors are present in art therapy as well (Shechtman & Ren-dekel, 2000).

Each therapeutic factor Yalom identified has a healing element. Altruism allows clients to improve their sense of value, purpose, and significance through the process of helping other members in the group. Universality allows for the realization that the client is not alone; other individuals are going through similar hardships in their lives. Group cohesiveness gives group members feelings of acceptance, belonging, value, and security. Catharsis allows individuals in the group to release suppressed emotions by discussing feelings in the group setting with other group members. Interpersonal learning teaches individuals in the group how to develop healthy, supportive relationships in the group setting. Development of socializing techniques promotes social development, tolerance, and empathy towards others. Imparting information allows individuals in the group setting to feel a sense of empowerment as they gain knowledge about their situation. Imitative behavior allows group members to learn coping skills and gain new perspectives from other group members. Corrective recapitulation allows for resolution of events occurring in childhood and within the family through interactions with the group. Installation of hope within the group setting creates a feeling of optimism among members. Finally, existential factors allow individuals in the group to exist as a part of something larger than themselves. Clients learn to accept life challenges and face them rather than escape from them. Group dynamics present in the museum space include universality and installation of hope (Salom,

2011). Universality, an understanding of what individuals share as human beings, is demonstrated through storytelling and relating to the stories of others (Yalom & Leszcz, 2005).

In addition to the eleven curative factors identified by Yalom, curative factors have been identified in art therapy that do not exist in verbal therapy (Shechtman & Ren-dekel, 2000). Art therapy promotes creativity, spontaneity, playfulness, decision-making and is used as a means through which individuals can integrate inner experiences to their outside world (Shechtman & Ren-dekel, 2000). In addition, Moon (2008) identified twelve curative aspects of art therapy: art as existentialism, art as communication, art as soul, art as mastery, art as personal metaphor, art as empowerment, art as work, art as play, art as relationship, art as structure and chaos, art as hope, and art as benevolence.

Art as existentialism focuses on clients' anxieties and defenses by using art to help clients achieve mindfulness, which promotes the ability to change. Moon (2008) states, "Art processes are natural activities for expression, which ultimately leads to mindfulness" (p. 119).

The next curative factor, art as communication, speaks to the idea of every line, shape, and color used in artwork has meaning. Communicating through artwork allows clients to communicate authentically. Art therapy allows for a safe environment to express raw, painful emotions through self-exploration and communication with art materials and techniques (Moon, 2008).

Art as soul links artwork created in art therapy sessions to portraits of the self. Moon (2008) writes, artwork comes from the depths of human experiences and that making art with different processes offers new perspectives of one's view of the self. Art also allows for mastery. By mastering art techniques and media, individuals gain a sense of personal adequacy leading to increased self-regard. Confidence and self-esteem increases with mastery of artistic tasks (Moon, 2008). The curative factor of art as personal metaphor allows for multiple interpretations of

clients' situations. Metaphors in artistic expression have symbolic unconscious and conscious meaning that can be used in therapy to provide depth from the problem or emotion being described (Moon, 2008).

The curative factor of art as empowerment allows individuals to transform conflict and struggle through art making. Empowerment refers to the ability to transform from victim to hero, which translates to the act of being able to use discomfort instead of being victimized by it (Moon, 2008). Art as work emphasizes the ability of individuals in art therapy sessions to put forth effort into creating something, and exhibit patience as the final product unfolds. Individuals come to therapy to work through destructive energy and to develop self-discipline which art therapy can help develop. "Art therapy is a process of organizing the turbulent and chaotic inner feelings, sensations, conflicts, and behaviors that are the signals of emotional distress. Again, this is hard work" (Moon, 2008, p. 141).

The eighth curative factor, art as play, offers individuals a whimsical energy source that allows emotion and mystery to be brought to the forefront of processing. Using art as play allows imagination into clients' routines and encourages the exploration of freedom and limits (Moon, 2008). Art as relationship emphasizes the human capacity to relate. When a client creates artwork, they are inviting the therapist to relate to the information they have put on the page. This allows the client and therapist to relate to one another beyond boundaries of the self, and it is recognized that there begins to be an audience for the artwork created. This relationship between the client and therapist allows for the following responses that may be lacking in their current lives: connection, acknowledgement, acceptance, support, positive regard, and mastery (Moon, 2008).

Art as structure and chaos regards the artmaking process as a constant back and forth shift from order to disorder. When the client begins to make art, the possibilities are infinite, and it is the goal of the client to create structure out of the infinite possibilities. Clients can then transform skills they learn in art therapy sessions to their everyday lives (Moon, 2008). Art as hope requires the client to have hope in the following: art therapist, themselves, the art process, and the inherent value and goodness in people. Beneath the surface, art making is a way of giving to the next generation, whether that be the therapist or a new client coming in to therapy. To create artwork, clients must have hope that whomever they deem the next generation can be worthy of the gift of their artwork (Moon, 2008). The final curative aspect, art as benevolence states artmaking is self-transcendent. Artmaking allows the client to be absorbed in an outside entity other than the self. In many art therapy sessions, this absorption is viewed by others who respond to artwork created. In this way, art therapy is benevolent (Moon, 2008).

Gabel and Robb (2017) conducted a thematic meta-synthesis to identify therapeutic factors of group art therapy. A total of 119 sources were reviewed spanning years 1950-2016 (Gabel & Robb, 2017). They found the following 5 therapeutic factors of group art therapy: symbolic expression, relational aesthetics, embodiment, pleasure and play, and ritual (Gabel & Robb, 2017). Symbolic expression, “using personal and universal symbols to express experience” (p.129), was the most frequently reported therapeutic factors identified. Art therapy group members actively explored their emotions, increased their use of personal symbolic vocabulary, and allowed universal symbols to emerge (Gabel & Robb, 2017).

The second-most reported therapeutic factor was relational aesthetics, or the overlapping of visual components in artwork. These allow the artwork created in session to function as visual or nonverbal feedback for group participants (Gabel & Robb, 2017). This therapeutic factor

increases cohesiveness in the group and allows for healing outside of the traditional verbal process.

Embodiment, the process of connecting somatic and emotional experiences with imagery present in artwork, was also found to be a therapeutic factor (Gabel & Robb, 2017). This process is often referred to as having a dialogue with the artwork, and is used to transform thoughts, feelings, and behavior through discussion with the artwork created (Gabel & Robb, 2017). Of all sources reviewed, 51% reported embodiment as a therapeutic factor (Gabel & Robb, 2017).

Pleasure and play was also a reported therapeutic factor. Participants reported being able to relax more when they could play with the art materials provided in session and could experiment with the art making process (Gabel & Robb, 2017). Through play, many participants were able to gain a sense of mastery of materials and art making.

The final therapeutic factor identified was the ritual which exemplified the importance of providing stability to therapeutic encounters (Gabel & Robb, 2017). The sources reviewed for the meta-synthesis identified a greater ability to remain focused and regulated when the group sessions were conducted in a sequential manner (Gabel & Robb, 2017).

Heymen, Roast, Williams, and Van Hooren (2017) identified the therapeutic alliance as having a significant impact on treatment outcomes. Silverman (2010) adds that these relationships are systems that grow and change and that take time to develop. The therapeutic alliance has three main components, the client-therapist relationship, agreement on goals, and collaboration on tasks. Heymen et al. (2017) studied the impact of the therapeutic alliance on art therapy, psychomotor therapy, and music therapy. In an inpatient mental health care clinic in the Netherlands, 164 adult participants participated in either art therapy, music therapy, and psychomotor therapy and were not excluded from participating in the study based upon DSM IV-

TR diagnoses (Heymen et al., 2017). Participants completed the Brief Symptom Inventory at baseline (session 1) and at ten and 17 weeks from baseline (Heymen et al., 2017). The Brief Symptom Inventory is a self-report measure with fifty-three questions measuring psychopathology and psychological distress (Heymen et al., 2017). Participants also completed the Working Alliance inventory at ten and 17 weeks from baseline (Heymen et al., 2017). The Working Alliance Inventory is a 12-item test scored with a Likert scale with values 1 (never) to 5 (always) (Heymen et al., 2017). The test measures general therapeutic alliance and three subscales: task, bond, and goals. Participants in the art therapy and psychomotor therapy groups reported development of the therapeutic alliance (Heymen et al., 2017). All participants had a decrease in symptoms following the study, but participants in the art therapy and psychomotor therapy groups who experienced the therapeutic alliance reported lower levels of depression (Heymen et al., 2017).

Art therapy programs in art museums. Treadon, Rosal, and Thompson, (2006) studied the outcomes of an art therapy program within a university art museum in Florida. Seven students ages 12 to 14 participated in the study examining if the art therapy program had positive effects on problematic student behaviors exhibited in the classroom such as manipulation, negative attention-seeking, inappropriate comments, depression, obsessive-compulsive behaviors and argumentativeness (Treadon et al., 2006). Students in the program participated in art therapy interventions regarding the theme of family. This theme was selected by the art therapists and museum educators prior to the beginning of the pilot program. Five of the art therapy interventions took place in the classroom while two took place in the art museum including the final intervention. The final intervention allowed students to engage with artwork on display in the museum (Treadon et al., 2006). The museum staff and art therapists taught students

appropriate behaviors for art museums to reduce problematic behaviors during the visit (Treadon et al., 2006). The program found that students had fewer instances of problematic behaviors with reductions in symptoms of depression and obsessive-compulsive behaviors (Treadon et al., 2006).

In Bogota, Columbia at the Museo del Oro, 15 women participated in an art therapy study ‘Sharing Stories with Images and Materials’ (Salom, 2015). Participants were all expert weavers aged 12-40 and were used to working artistically making aesthetic objects to support basic needs such as food, clothing, transportation, storage, and rest (Salom, 2015). In two separate three-hour workshops, participants divided by ethnic background (Wounaan and Guambiano) explored new materials, visited the museum galleries, and made their own artistic creations in preparation for a final display (Salom, 2015). Materials available to the participants were charcoal, dry pastels, cardboard, craft paper, clay, food coloring, brushes, glue, glitter, and strings of sequins (which were all considered Western craft supplies) as well as art supplies the participants were used to working with including beads, industrial thread, and weaving boards (Salom, 2015). Discussions about artwork created in session covered themes of gender issues, the role of women in the community, men’s expectations, and skills needed to be a wife and mother (Salom, 2015). The goal of the art therapy program was to provide a safe space in which participants could speak about their personal history and gain support from others through the art making process (Salom, 2015)

Beginning in 2014, the Montreal Museum of Fine Arts (MMFA) in Montreal, Canada partnered with the Douglas Mental Health Institute and the Department of Creative Arts Therapies at Concordia University to implement an art therapy program for individuals with eating disorders (Thaler et al., 2017). The MMFA provided art therapy programming once every

six weeks for a total of 13 visits to a group of 12 participants from the Douglas Mental Health Institute Eating Disorder Unit (Thaler et al., 2017). The goal of the program was to create a climate for self-discovery in which participants could regain positive body image (Thaler et al., 2017). Groups of 12 participants engaged in 60 to 90-minute gallery talks focusing on four to six artworks based on previously identified themes (Thaler et al., 2017). Following the gallery talk, participants were asked to create response artwork to the artwork presented in the tour using their choice of materials (Thaler et al., 2017). The art therapist monitored material use and reactions to materials as well as engaged with the participants in group discussions regarding their emotions, responses to the art therapy portion of the museum visit, and their artwork (Thaler et al., 2017). At the end of each visit to the MMFA, participants were given a qualitative questionnaire that utilized thematic analysis to identify themes by the researchers (Thaler et al., 2017). The program found that it was a pleasing and enriching experience. The art therapy portion of the programming was found to be a means for self-expression, self-regulating behaviors, and creativity. The museum visits were viewed as opportunities for discovery and learning (Thaler et al., 2017).

To determine the effectiveness of the MMFA program on eating disorder symptomology, a quantitative questionnaire was given to the participants pre-and post-visit. The questionnaire was used to determine the effects of programming on eating preoccupation and urges, body satisfaction, mood, and overall satisfaction with the museum visit (Thaler et al., 2017). Participants reported positive feelings towards the museum experience, feeling calmer or more composed after the art therapy sessions and slight increases in feelings of tiredness (Thaler et al., 2017). The overall results from participant surveys suggested that the museum programming highlighted the art museum setting, as participants reported appreciating a change of scenery

from the hospital environment, and reported enjoying using an alternative way to express feelings (Thaler et al., 2017).

The McMichael Canadian Art Collection implemented an art therapy program in 1996 partnering with the Toronto-Sunnybrook regional Cancer Centre – Bayview Support Network for individuals with cancer (Deane, Carman, & Fitch, 2000). Objectives of the program were,

- 1) to experience inner life through nonverbal means, 2) positively engage in ‘play’ and creativity as an adult, 3) produce tangible art objects that increase self-esteem through a sense of accomplishment, 4) reflect upon their individual development through the experience of art appreciation, and 5) acquire the ability to confront and express physical pain and body imagery (Deane et al., 2000, p.141).

Each session of programming began with a gallery component in which participants were expected to reflect upon their personal thoughts and feelings while viewing artwork from the collection (Deane et al., 2000). Themes of the gallery education component of programming included landscapes, body image related to illness, self-portraits, medical treatment, reflections, shamanistic elements of Inuit and First Nations art, spirituality, loss, and social/political issues (Deane et al., 2000). A studio component followed in which participants were supported by the art therapist in expression of feelings regarding their journey with cancer and the artwork they created in the studio session (Deane et al., 2000). A specific directive for the art therapy portion of programming was not disclosed. It was noted that the art therapy program at the McMichael Collection helped participants reflect on their current experiences and promoted future-oriented thinking (Deane et al., 2000).

Art Museums as Therapeutic Spaces

By delineating the therapeutic factors innate in art museums, museum staff and other professionals utilizing the space can begin to recognize the museum as a healing space. This can then provide museum staff and other professionals with information regarding best use of the physical space and museum atmosphere in therapeutic programming.

Art museums and the concept of space. Museums can be classified as therapeutic spaces based upon their psychological and physical qualities including potential space, and boundaries put in place by the architecture of the museum (Maerker, 2015; Spencer, 2012). Potential space impacts the museum's ability to be viewed as a therapeutic space as well as how individuals interact with the artwork on display and the physical boundaries of the museum itself (Maerker, 2015; Moon, 2015, Salom, 2011; Spencer, 2012).

Potential space. Spencer (2012) cites potential space as a process that can begin by looking at works of art with the intention of connecting present and past experience with the work of art on display. Potential space is the psychological space located between fantasy and reality that allows for elements of surprise and unknown (Spencer, 2012). Potential space is part of the optimal therapeutic atmosphere in which individuals can explore and understand meanings. It signifies the intermingling of primary process and secondary process thinking. Primary process thinking attempts to discharge tension in the body by forming an image of a solution to a problem or aversive stimulus in the mind (Hall, 1999). Secondary process thinking further attempts to discharge tension in the body by seeking out realistic solutions to a problem or aversive stimulus (Hall, 1999) In this intermingling of primary and secondary process thinking, individuals can merge the acceptance and use of both fantasy and reality (LaMothe, 2008). Potential space holds symbols, thinking processes, images, and stores ongoing human

experience (Lesser, 2007). Also, it can be identified as the place where the ability to create emerges (Lesser, 2007).

Lesser (2007) states potential space can be better examined by a lack of potential space rather than the presence of it. In children, lack of potential space emerges as an inability to imagine and a lack of curiosity (Lesser, 2007). In adults, lack of potential space is characterized by difficulties in thinking, and hostile feelings of being attacked, invaded by thoughts and opinions of others, and being compelled to act (Lesser, 2007). The collapse of potential space relates to psychopathology (Smith, 1990). Smith (1990) cites 4 distinct ways in which collapses of potential space can be seen in symptoms of diagnoses. A lack of potential space can be seen in diagnoses of psychosis in which fantasy is experienced as reality (Smith, 1990). In conditions involving psychosomatic illness, a lack of potential space is characterized by an impaired ability to use imagination and life appears to be lacking vitality (Smith, 1990). In individuals with dissociative disorders, lack of potential space is linked to experiences in which fantasy and reality are believed to be parallel; there is no distinction between the two (Smith, 1990). Finally lack of potential space is seen in Autism Spectrum Disorders as a failure to make connections between inner and outer experiences; reality and fantasy are not distinguished (Smith, 1990).

Lesser (2007) states lack of potential space can be rebuilt within the psychotherapeutic setting. New objects or ideas that were once seen as threatening or disappointing can be viewed as safe. The client or patient in psychotherapy can interact with these new objects or ideas in a trusting, safe, environment (Lesser, 2007). If potential space is successfully rebuilt in the individual, their inner world is renewed, characterized by increases in emotional experiences, thoughts, desires, and the procurement of a sense of hope (Lesser, 2007).

The theory of potential space is derived from object relations theory. According to Bollas (2009), object relations theory explains why each person responds differently to the world around them. From infancy each person stores internalized objects and the relationships to these objects often with emotions such as love, hate, and ambivalence attached to them. These preferences and relationships to objects affect our perceptions, judgments, inclinations, our habits, and how we arrange our possessions and our lives. It is suggested that these preferences also give each person a unique voice in the world (Bollas, 2009). Froggett and Trustram (2014) state cultural activity allows these individual voices to be exhibited, the museum being one space in which this occurs.

In exploring the building blocks of object relations theory, the infant-mother relationship, Winnicott (1988) discovered the basic conditions of creativity and symbol formation. Winnicott (1988) identifies holding and containing as crucial to the development of symbols of experiences. In infancy, mothers physically hold their babies and contain or take on their baby's anxiety. At the same time, the baby experiences being held by the mother. In this process, senses and feelings can be kept as symbols in the mind (Winnicott, 1988).

Similarly to the way a mother holds and contains a baby, museums hold and contain objects as well as emotions from visitors (Froggett & Trustram, 2014). Froggett and Trustram (2014) state the holding environment of the museum allows for the connection between individuals and objects in the museum. In this relationship, individuals can find external representations of their unique experiences in life. These objects serve as a third entity between the individual and groups as well as individuals and the larger culture. Objects when viewed as representations of experiences are held between inner and outer worlds or between reality and fantasy. These objects are held in potential space. Winnicott (1988) states when in a museum,

individuals are in “a third arena of human living, one neither inside the individual nor outside the world of shared reality” (p.129).

Moon (2015) states artwork is the third entity in the therapeutic relationship, holding equal importance of the client and therapist. Images are independent from the artists that created them and should be treated as such. “Artworks have a right to be seen for what they are, and this means that multiple interpretations may be equally valid” (Moon, 2015, p.73). Moon states looking at artwork is a multidimensional process in which respect for all in the relationship, artwork, client, and therapist, must be upheld when multiple meanings behind works of art are presented. Holding images as separate entities in which multiple interpretations are allowed opens the ways in which art can impact therapy (Moon, 2015).

Physical space. Foucault identifies the museum as a “heterotopia,” due to individuals entering the art museum setting and becoming part of the museum through spatial relationships – those relationships among other people in the museum and with the art objects on display (Maerker, 2015). Salom (2011) states museums have a therapeutic benefit based upon and individual’s experience with the architecture of the museum. The museum provides architectural boundaries that can be used metaphorically in therapy such as 3-dimensional displays or pedestals for artwork and the walls that create separate gallery spaces (Salom, 2011). Individuals move through the gallery space similarly to the way they move through their environments, and information can be uncovered by observing how individuals choose to move through the space (Salom, 2011). The architectural elements of the museum space allow for the discussion of boundaries, transitions, permanency, and centrality. Helping individuals move through the museum space can help them gain skills they can apply to their outside environments, allowing them to adapt to new situations and be less resistant to change (Salom, 2011).

As an environment, the museum is stable; individuals can return to their favorite works of art or cultural object knowing that they will be present in times of social unrest and insecurity (Silverman, 2010). Silverman (2010) adds museums are ordered and logical places that make sense, which allows for a feeling of security within the museum space.

Individual therapeutic factors. Art museums provide spaces for individuals and groups to engage in therapeutic healing through identified therapeutic factors. Individual therapeutic factors express how individuals create healing in their lives through therapy and can be translated into the museum experience to support the healing aspects of the art museum (Yalom & Lesczc, 2005; Camic, 2010, & Silverman, 2010).

Humans have been collecting objects for many years, the most visually pleasing being the art object (Camic, 2010). The institutions that house these objects, art museums, are becoming increasingly focused on the experience of the visitor and the personal meanings they create for themselves while they are within the art museums walls (Gibson, 2006). Objects, including the art object, help individuals advance through stages of development, as these objects often reap similar benefits to humans as social relationships with others (Camic, 2010).

Identity development. Silverman (2010) states the self has requirements for survival which often times are not met, causing individuals to seek social services. Museums meet needs of the self, including health, competence, transcendence, and identity (Silverman, 2010). Camic (2010) states material objects play a role in development of self-awareness, the creation, preservation, and maintenance of identity. Identity is defined as “significant subset of self construals: those that are relatively accessible mentally, deemed essential to who one is, and valued as important” (Schwartz, Luyckx, & Vignoles, 2011, p.305). Others have identified one’s identity as a self-theory composed of a system of personal beliefs and schemes that provide a

framework for organizing and understanding experiences in the world. This self-theory also includes core values, standards, assumptions, goals, and ideas important to the individual (Schwartz et al., 2011).

Individuals develop constructs in direct and indirect ways (Schwartz et al., 2011). Modeling accounts for the development of constructs in an indirect manner; parents, peers, and others model behaviors for children that can become part of their identity. Individuals develop constructs directly through schooling, instruction, culture, and from direct observations and experiences (Schwartz et al., 2011). Dunlop and Walker (2013) state the social world dictates that individuals develop an identity based on extant social circumstances. Development of identity requires adjustments to these relatively stable constructs in order to present qualities deemed as positive to the world. In this process individuals diminish qualities they or society perceives as negative (Schwartz et al., 2011). Silverman (2010) adds, as individuals grow over their lifetime their sense of self or identity develops a stable core that can then be altered if needed. "Identity is the ongoing effort to assert, affirm, and modify our similarities to and differences from others" (Silverman, 2010, p. 54). Dunlop and Walker (2013) add that we learn, change, and grow as our life progresses, but still have an ability and a need to keep some portions of our identities constant. Individuals do this by establishing their life story. The life story allows individuals to work through discrepancies and inconsistencies in identities and can unify elements of the self, ultimately creating oneself unique from others (Dunlop & Walker, 2013).

Museums serve identity development by fostering senses of pride and self-esteem in visitors (Silverman, 2010). Cultural objects in the museum are often discussed and can allow individuals to learn, remember, or affirm their affiliation within their culture. Museums also

allow for personal meaning making, occurring when individuals view a work of art or cultural object that causes them to have subjective responses (Silverman, 2010). These subjective responses include opinions, evaluations, feelings, imagination, and memories (Silverman, 2010).

Arnold-de Simme (2012) writes, contemporary museums currently function as safe environments where individuals can begin to process events in memory that are painful and that may elicit feelings of guilt. At large, the current role of the art museum is to “improve the human condition, [and] to act as sites for the formation of values and change” (Arnold-de Simme, 2012, p.23). Museums can function as symbols of the self; all human drives are displayed through the collection in an ordered manner. The range of artwork presented in art museums provides many forms of stimuli which individuals can reflect upon being part of their identity or aspects that can be removed from the self (Salom, 2011). This occurs in part by individuals reflecting upon works of art they spend more time with or identify with than those they reject (Salom, 2011).

Competency can also be established within the museum setting (Silverman, 2010). Silverman (2010) states competence is necessary as a human being; it allows individuals to be effective at the things they choose to do. Present-day museums facilitate communication skills by allowing museum visitors to observe, read, and speak about the objects on display, making personal connections with the artwork and by making connections with others (Silverman, 2010).

Emotional and sensory experiences in the museum. Silverman (2010) states museums and the objects housed within them elicit cognitive and affective responses in the museum visitor. When visiting the museum, visitors interact with the objects on display in ways that allow for introspection regarding feelings that are private and often difficult to talk about. Maerker (2015) found that the senses of vision and hearing, were most associated with finding beauty and value in the art products. Pelowski, Forster, Tinio, Scholl, and Leder (2017) state

when artwork is experienced by a viewer it can provide insight into behavioral and psychological concerns, can elicit emotions, memories, judgments and sensations, and can encourage meaning making and physiological reactions. Loannides states individuals engaging with objects in the art museum can connect with the artwork on an emotional level, allowing the artwork to function as an entity through which the individual can process their current situation (Loannides, 2017).

CHAPTER IV

RESULTS

In this study an integrative systematic literature review was used to examine current art therapy programming in art museums. Sociocultural factors in art museums that can inform and support the therapeutic factors of art therapy were explored resulting in recommendations for collaboration between art museums and art therapists. A total of 17 articles were found discussing art and art therapy programming in art museums. Of those 17 articles, only four detailed art therapy programming in art museums.

After conducting the integrative systematic literature review, there were 3 areas where limited or little information was provided. These included material choice, museum artwork viewed in the studies existed, and the art museum being a space in which to conduct art therapy. Additionally, the art therapy studies found did not mention therapeutic factors present in the art museum that supported their use of the space and did not mention therapeutic factors of art therapy that were present. Furthermore, the literature noted that all art making in the studies was not completed in the museum space.

Table 1 notes items present and missing in the four art therapy studies found in relation to the literature review.

Table 1

Art Therapy Articles

Article Title	Authors	Year	Materials	ETC Noted	Rationale for museum artwork listed	Therapeutic Factors Noted (Art therapy and/or museum)	Artmaking Locations
An adjunctive, museum-based art therapy experience in the treatment of women with severe eating disorders	Thaler et al.	2017	None specified	No	No	No	Adjacent studio space in the museum
Weaving potential space and acculturation: Art therapy at the museum	Salom	2015	Charcoal, dry pastels, cardboard, craft paper, clay, food coloring, brushed, glue, glitter, strings of sequins, beads, industrial thread, weaving boards	No	No	Potential space	Separate workshop room
Opening the doors of art museums for therapeutic processes	Treadon et al.	2006	Cut paper shapes, pre-drawn images on gray paper, plexiglass, watercolor, drawing materials (not specified), some materials not listed	No	No	Not listed	School, adjacent conference room space
The cancer journey: bridging art therapy and museum education	Deane et al.	1999	Not listed	No	No	No	Not listed

Based on the literature, the researcher identified four areas where information was lacking. These areas have been identified below. It is suggested that if addressed, it will insure best possible use of the art museum as a space in which to conduct art therapy.

1. Use of the media dimension variables of the ETC to provide rationale for use of specific materials in reference to specific populations and/or treatment goals.
2. Identification of therapeutic factors of art therapy and verbal therapy evident in the studies presented.
3. Identification of therapeutic factors of the art museum present in the studies presented.
4. Art making in the museum space versus an adjacent room.

CHAPTER V

DISCUSSION

Overview of Results

Of all sources reviewed, four art therapy articles were found detailing art therapy practices in art museums. Of those four articles, little rationale was given for using art museums as therapeutic spaces. Specifically, none of the articles found listed therapeutic factors of therapy or the museum space, and few listed rationales for material selection and artwork selection. Therapeutic factors of art therapy and of the art museum were not mentioned and all art making portions of the art therapy studies took place outside of the art museum galleries. The subsequent discussion will examine each of the four art therapy articles found in relation to the sections discussed in the literature review.

Media dimension variables and the ETC. The Expressive Therapies Continuum (ETC) is a theoretical approach that provides a framework on understanding the rationale behind material choice, selection, and the sensory and kinesthetic properties of art materials called the media dimension variables (Lusebrink, 1990). Material choices aide art therapists in moving clients between levels of information processing. With the application of the ETC, these studies would have rationale for their material choice which would support the stated therapeutic goals. A more thoughtful approach to material selection should be based upon the population participating in the study, treatment goals, and an understanding of the Expressive Therapies Continuum.

The study conducted by Salom (2015) is an excellent example of material selection. The researcher chose materials based upon level of comfort and familiarity for the participants. Salom (2015) provides rationale for use of materials stating, “We selected materials used in western style crafts to promote an interaction between participants’ skilled creative knowledge

and media commonly found in Bogota.” (p. 52-53). The materials selected supported the objective of the pilot study in which participants were encouraged to share their cultural experiences by teaching and learning art methods, learning strengths and experiences of the participants, and exploring emotions in a safe environment (Salom, 2015).

According to media dimension variables identified by Hinz (2009) materials selected for use in this study can be classified as simple materials. They do not require additional tools or multiple steps in order to use them to their full potential. Due to the participants’ unfamiliarity with Western craft materials, selecting simple materials allowed the participants to experience new materials without having to learn a lot about them to use them effectively.

Deane, Carman, and Fitch (1999) do not provide rationale for materials used in their art therapy study, *Bridging the Cancer Journey*. Connecting treatment goals presented to the specific population and the ETC, rationale for material choices can be provided. A treatment goal, expressing inner life non-verbally, can be achieved through the use of multiple types of art media. It can be argued that more rigid, controllable materials would be best due to the high levels of emotion these individuals are likely feeling. (Hinz, 2009). In individuals who are more affective or emotional regarding their current life states, more rigid materials such as pencils and markers allow for more control (Hinz, 2009).

The study conducted by Thaler et al. on art therapy with patients with severe eating disorders provide no rationale for material choices. It can be argued that simple materials would work best for the participants in the study, due to the low energy they need to be manipulated. On the post-test, participants indicated that they would like the program as a whole to be shorter, due to being tired at the end of the long day. Simple art materials would aid in the participants being less tired by the end of programming. For this same reason, more fluid materials should

have been offered to the participants, making the art making portion of the art therapy program less tiring, as the materials would not take as much energy to manipulate.

Treadon et al. (2006) provided rationale for some materials used, but not all. In the first, third, and seventh art therapy sessions with the participants, materials were listed, but not supported with literature. Most art therapy sessions utilized simple materials. As indicated by the ETC, these materials were easy to manipulate and could potentially allow for the development of mastery in a short period of time. It can be argued that this population would have worked well with any drawing material listed on the fluid to resistive scale of the ETC, as these are all simple materials.

The only interaction participants had with complex materials occurred in the fifth art therapy session. Participants were asked to explore their emotions regarding the theme of family using mono prints with plexiglass and watercolor. The media dimension variables of the ETC were not mentioned in connection with these material choices. In general, more fluid materials such as watercolor often elicit more affectual or emotional responses from persons who use them in art therapy (Hinz, 2009). There was no rationale behind the selection of pre-cut shapes as materials, but it can be assumed that these were provided to the participants to provide an additional level of structure in the art therapy sessions. Pre-drawn shapes were given in the second session due to participants' previous verbalizations of poor drawing ability.

Museum artwork. Museums house many works of art. With so many works of art to choose from, criteria for choosing works of art for participants to look at and examine must be developed. The four art therapy studies found when completing the literature review listed themes relating to the works of art chosen for their studies but gave no information behind the choice of themes or the choice of specific works of art in relation to those themes. In order for art

therapists to use art museums to their full potential, it is imperative that there be purpose behind choosing works of art found in art museums for art therapy programming.

Thaler et al. (2017) lists themes of artwork viewed by participants. Although themes were mentioned, no supporting information was presented connecting the works of art chosen to these themes or to the patients with eating disorders identified in the study. Themes of artwork identified in the study, Nature and Demons, Movement in Art, and Painting and Emotion are the most relevant to the participants. The theme Nature and Demons would possibly allow the participants to express feelings of anger in relation to their diagnoses by comparing the idea of a demon to their eating disorder. The theme Movement in Art would allow the participants to explore the idea of impaired movement or lack of desire for movement, as this related to verbalizations from participants regarding the amount of physical exhaustion experienced after completing art therapy programming for an entire day. The theme painting and emotion would allow the participants the freedom to explore all feeling related to their diagnoses such as anger, sadness, and anxiety.

In Salom (2015), no information was presented on the types of artwork the participants looked at during art therapy. When connecting possible works of art to the materials and treatment goals presented in the study, both indigenous and Western-style artwork would have been beneficial to allow participants the chance to explore. According to Salom (2015), the goals of the art therapy group were to offer a space in which self-discovery would be possible, and to allow the participants to discuss feelings and experiences relating to acculturation in a safe space.

Treadon et al. (2006) connected the types of artwork shown to and examined by the participants with the general theme of family and supported this choice through specific art therapy tasks and discussion. Self-portraits were chosen due to the level of emotion expressed in

the artwork, as high levels of emotion regarding the theme of family were verbalized in art therapy sessions. Other works of art from the museum were chosen due to parallels between themes expressed in the paintings and themes expressed in response artwork made by the participants. Of all art therapy studies examined, this study appeared to have the most rationale for choosing specific works of art from the art museum in relation to participants, themes, and material choices.

Deane et al. (1999) lists foci of artworks viewed including landscapes, body image related to illness, self-portraits, medical treatment, reflection, shamanistic elements of Inuit art, spirituality, loss, and social/political issues. It was mentioned that the art therapists leading the art therapy program practiced from an existential/phenomenological approach. When practicing from existential theory, conflicts such as life and death and loneliness are present in therapy. These conflicts can be central in persons diagnosed with cancer. These individuals may be anticipating or managing a myriad of hardships that often accompany a medical diagnosis. These include coping with a terminal diagnosis or poor prognosis, issues surrounding death, and how these items impact their close family members.

With this in mind, the themes, body image related to illness, self-portraits, medical treatment, reflection, and loss appear to be most relevant in relation to existential conflicts and overall diagnostic concerns. Artwork presenting the theme of body image, which can be broadened to include self-portraits, would allow the participants to explore feelings related to their changing bodies in response to treatments. Themes of medical treatment would allow participants to explore feelings of anxiety often experienced as a result of new tests and treatment approaches. Finally, themes of loss and reflection would allow the participants to explore the existential conflict of death and would allow for processing of legacy work.

Therapeutic factors of art therapy. Yalom's therapeutic factors of catharsis and universality were present in all studies presented. Universality, or the realization the client is not alone, was present in the group nature of the art therapy programs. By being in a group, each person was able to share their story and relate to the stories of others. Catharsis, or the release of suppressed emotion by discussing feelings in the group setting with other group members was also present in all studies. However, not all therapeutic factors identified by Yalom were present in each of the studies.

Yalom's therapeutic factor of imparting information was present in Deane et al. (1999). Two objectives identified, expressing inner life non-verbally and confronting physical pain and body imagery, lead to empowerment. Existential factors were also present in this study as indicated by the theoretical orientation of the art therapist. The art therapist functioned from an existential/phenomenological perspective indicating that existential factors which allow individuals in groups to exist as something larger than themselves and to face life challenges rather than escape from them. Existential conflicts most likely addressed when using this approach include feelings surrounding the concept of death, and feelings relating to leaving members of their family alone after their passing.

In Salom (2015), Yalom's therapeutic factors of interpersonal learning, imparting information, and installation of hope were present. Interpersonal learning, the process of learning how to develop healthy, supportive relationships with group members, was developed as the group members navigated acculturation. "In spite of cultural difference, all women present could apparently relate to the content of the conversation" (Salom, 2015, p.55). By being able to relate to the content of the conversation, each member demonstrated an ability to form relationships with others through commonalities of experience.

Thaler et al. (2017) does not list therapeutic factors of therapy. Based upon verbalizations from participants, Yalom's therapeutic factors of group cohesiveness, catharsis, and development of socializing techniques were present in the art therapy study. One participant stated that she enjoyed being able to "externalize and canalize emotions...", indicating catharsis was present (Thaler et al., 2017, p.4). In addition, group cohesiveness and development of socializing techniques were present based upon participant verbalizations indicating the importance of the uniqueness of each person's art responses and being able to share comfortably in the group setting.

In Treadon et al. (2006), the following therapeutic factors identified by Yalom were present: group cohesiveness, catharsis, interpersonal learning and development of socializing techniques. In the project summary, the researchers reported that the students were actively wanting to engage with the art therapist and other students in sharing their artwork, indicating a level of comfort with staff and group members. This supports Yalom's therapeutic factors of development of socializing techniques and group cohesiveness. In each session, participants were asked to express their feelings regarding the overarching theme of family, supporting catharsis as a therapeutic factor. Finally, interpersonal learning was present in the study as evidenced by increased ability to discuss the theme of family in increasing amounts as the group progressed.

All art therapy studies presented exemplify Moon's (2009) therapeutic factors of art as communication and art as personal metaphor. Art making was a component of each of the studies. Therefore, art making was used as a way to communicate. Art as communication was also present through the use of museum artwork. In the studies, museum artwork was discussed, providing increased communication between the participants, the artwork presented in the

museum space, and their own artwork made in session. The art making process was used as a way to convey feelings regarding themes present in the museum artwork as well as feelings about the overall process of making and discussing artwork. Art as personal metaphor was exhibited in looking at and relating to museum artwork. As the participants in the studies looked at artwork, they were often asked to relate the art objects to their own lives. By making these connections, the participants discovered personal meaning within the museum collections.

In addition to the two therapeutic factors specific to art therapy mentioned, the therapeutic factors of art as soul and art as play were present in Deane et al. (1999). Art as soul was evident in the study based upon the treatment goals presented. One treatment goal was for the participants to express body imagery and pain. This treatment goal allowed art making to be related to the self through expression of felt pain and expression of body imagery as it related to their diagnoses. Due to this study being an open studio model, art as play was evident in the study. By allowing participants to choose materials to work with, researchers Deane et al. (1999) encouraged the exploration of materials and processes in the art making sessions.

Additional therapeutic factors specific to art therapy were present in Salom (2015). Art as relationship was present in the ability for participants to relate to each other throughout the course of the study. Through art making, participants made connections to each other, and were able to find commonalities among their experiences with acculturation. Art as mastery was also a predominate therapeutic factor. By allowing the participants to use both traditional weaving materials and Western craft supplies, Salom allowed for the showcase of mastery with the weaving supplies and a learned sense of mastery with the Western art supplies. By providing both materials, the participants were able to showcase self-confidence with art making, as well as an ability to learn and master new skills required of the unfamiliar materials.

Two additional therapeutic factors of art therapy can be listed in addition to art as personal metaphor and art as communication. Art as empowerment and art as work were notable therapeutic factors identified in Treadon et al. (2006). Art as empowerment was evident through the overall theme of the art therapy program. Throughout the program, the participants were communicating their thoughts and feelings regarding the theme of family. Each participant worked through family conflicts and struggles through discussions regarding museum artwork and through art making. Art as work was present in one particular session of the program. In one session, participants created mono prints using watercolor and plexiglass. The participants had to exhibit patience as the final products were coming to life which was a change from the other art therapy sessions in the study. The process of mono printing had many more steps than what the participants had completed previously in the art therapy program. The materials used in this session were complex materials, leaving more need for patience during the art making process.

Finally, art as benevolence was present in Thaler et al. (2017). This therapeutic factor of art therapy was present in this study based upon participant verbalizations. Many participants stated that they enjoyed the museum program because it was different than traditional eating disorder treatment. Participants reported enjoying the change of scenery from the normal hospital environment and enjoyed getting to make artwork which allowed them to express themselves in alternative methods than those they were used to.

Therapeutic factors of the art museum. Salom (2015) is the only one of the four studies found to discuss therapeutic factors of the art museum. Salom (2015) discusses potential space but does not discuss physical aspects of the museum that function as therapeutic factors. Salom (2015) relates potential space to the connections each participant made between their own lives and the experiences of others in the group. By allowing the participants to discuss their

feelings regarding acculturation, and through the use of both indigenous and western art materials, potential space was present in the gallery. All four art therapy studies fail to discuss physical aspects of the museum space that functioned as therapeutic factors within the art therapy programs.

Art making space. None of the art therapy studies found in the literature review utilize the museum galleries as art making spaces. All art making was completed in adjacent studio spaces in the museums, museum conference rooms, or in a school. In order for the most effective art therapy programming to occur in art museums, the art museum gallery space needs to be utilized for art viewing and discussion as well as for art making. All of the programs presented utilize artwork in museum galleries as the basis for discussion, often utilizing them to explore themes. These same themes discussed in the galleries are discussed even further with artwork in adjacent settings. It is unclear if the images used in discussion within the gallery spaces are presented for additional viewing and discussion in the form of reproductions. This was found to not be as effective as viewing original artwork as indicated by Specker, Van Elk, and Tinio (2017). In order for art therapy programs to utilize the art museum space to its full potential, viewing and discussing artwork as well as participant art making should occur within the art museum galleries. When art making is conducted in the museum galleries, participants can reference the original art object, and can better relate their own artwork and experiences to those presented by the art objects.

Limitations and Delimitations.

Limitations of this literature review include the amount of information published in specific databases searched. Information could have been omitted from this literature review due to a resource being housed in a database not searched by the researcher. Literature reviewed was

also dependent upon studies that had been accepted and published in journals searched; not every study conducted on the topic selected could have been selected for publication. Another limitation of this study is the time limit within which it was completed. Due to time constraints, literature may not have been exhausted on the subject, leaving more research to be reviewed.

Delimitations of this literature review include the inability to include smaller community-based art museums in the study. It is likely that these museums are not publishing information regarding current programming within larger databases. Another delimitation is the scope of this study. It was not the researcher's intent to evaluate the effectiveness art therapy programming existing within art museums. Rather, it was the intent of the researcher to make connections between art museums and art therapy practice, identifying ways in which art museums support art therapy programming and ways in which art therapy programming is not utilizing the art museum to its full potential.

CHAPTER VI

CONCLUSION AND RECOMMENDATIONS

Art therapy is present in a small number of art museums. Overall, these programs lack reasons for choosing specific art materials, artwork from the museum to view, and overall impact of the museum space. Although art therapists have begun to collaborate with art museums, improvements can be made within these collaborations. More emphasis needs to be placed on therapeutic aspects innate in art museums as well as the media dimension variables in the ETC. Artwork viewed by members of art therapy groups needs to be chosen with purpose, the open art studio model needs to be utilized, and artwork needs to be created within the museum space.

The first step in utilizing art therapy in the art museum setting should be choosing artwork from the museum to view. Although criteria for choosing artwork from museums viewed in art therapy was provided, bias can be present when choosing artwork to view. When artwork is viewed, each person viewing the work will most likely have a different reaction to content within the work or feelings toward the work. Art therapists or museum staff choosing artwork for participants to view will react differently to artworks than art therapy participants. Therefore, it would be best if participants were to choose artwork to view that they can relate to or that has relevance in their lives or situations, the impact of viewing art would be increased. In future art therapy practices in the art museum, it is recommended that art therapists and museum staff allow individual to wonder through one or two adjacent gallery spaces to choose works to view. By allowing art therapy participants to move through the museum space, the therapeutic aspects of the physical museum are implemented in the art therapy group.

Art therapists also need to choose materials for art therapy groups within the art museum with purpose. These materials need to be related to treatment goals of the participants, connected

to media dimension variables of the ETC as well as connected to the bi-polar components of the ETC. In addition to material selection in connection with media dimension variables and the bipolar components of the ETC, type of art therapy tasks needs to be supported further. As indicated by the media dimension variables, art therapy tasks can be unstructured or structured (Lusebrink, 1990). Unstructured tasks are spontaneous and are initiated by individuals participating in art therapy. Structured tasks are tasks given by an art therapist to guide therapy sessions. In many of the art therapy studies found when completing the literature review, an open studio approach was used, which can be classified as a mixture of both unstructured and structured art therapy tasks. An open studio approach typically features a certain art material or process. Featuring a certain art material provides structure to those in the group seeking structure and also allows for personal expression for other members of the group (McNutt, 2013). The amount of instruction in an open studio art therapy model provides a level of comfort for those who may be intimidated by art making but also gives other members of the group a chance to express their creativity (McNutt, 2013).

A studio art therapy approach would be best for art therapy practices taking place in the art museum. The studio art therapy model has several requirements. The art making space needs to be large enough to spread out materials making them easily accessible to group members. There needs to be adequate workspace for each group member as well as adequate lighting (McNutt, 2013). A variety of materials should be provided, both two-dimensional and three-dimensional. It is recommended that these materials are chosen based upon the media dimension variables. Both fluid and resistive media need to be offered as well as simple and complex materials. Due to the variety of materials offered and the open studio model containing components of both structured and unstructured art therapy tasks, an open studio art therapy

model can serve a variety of individuals with a variety of needs. For this reason, an open studio art therapy model would be ideal for those engaging in art therapy within the art museum setting.

It is also recommended that art making take place within the gallery space. When art making is completed in adjacent spaces, therapeutic aspects of the museum space are not utilized to their full potential. It is important to note that allowing art materials in gallery spaces is not an easy decision for museum professionals to make; There are most likely concerns relating to the preservation of artwork in a safe manner and maintain peak condition of the architectural aspects of the museum. However, steps can be taken to ensure art materials are used for their desired purposes. Additional staff can be provided to monitor proper use of materials, and protective floor and wall coverings can be used to protect museum architecture.

In order to utilize art museums to their full potential when conducting art therapy, a checklist was created (see Figure A1). It is anticipated that the checklist will ensure art therapists and art museum professionals are collaborating in ways that utilize the art museum to its full potential for art therapy practices.

CHAPTER VII

REFERENCES

- Abelsson, A., Rystedt, I., Suserud, B., & Lindwall, L. (2015). Learning by simulation in prehospital emergency care – an integrative literature review. *Scandinavian Journal of Caring Sciences*, 30, 234-240.
- American Art Therapy Association. (2017). <https://arttherapy.org/about-art-therapy/>
- Ang, I. (2005). The predicament of diversity: Multiculturalism in practice at the art museum. *Ethnicities*, 5:3, 305-320.
- Arnold-de Simine, S. (2012). The “moving” image: Empathy and projection in the international slavery museum, Liverpool. *Journal of Education Media*, 4:2, 23-40.
- Baddeley, G., Evans, L., Lajeunesse, M., & Legari, S. (2017). Body talk: Examining a collaborative multiple-visit program for visitors with eating disorders. *Journal of Museum Education*. 42:4, 345-353.
- Camic, P. M. (2010). From trashed to treasured, a grounded theory analysis of the found object. *Psychology of Aesthetics*, 4: 2, 81-92.
- Bollas, C. (2009). *The evocative object world*. East Sussex: Routledge
- Camic, P.M., Baker, E. L., & Tischler, V. (2016). Theorizing how art gallery interventions impact people with dementia and their caregivers. *The Gerontologist*, 56:6, 1033-1041.
- Camic, P. M., Tischler, V., & Pearman, C. H. (2013). Viewing and making art together: A multi-session art-gallery-based intervention for people with dementia and their carers. *Aging and Mental Health*, 18:2, 161-168.
- Canas, E. (2011). Cultural institutions and community outreach: What can art therapy do?. *Canadian Art Therapy Association Journal*, 24:2, 30-33.

- Deane, K., Carman, M., & Fitch, M. (2000). The cancer journey: Bridging art therapy and museum education. *Canadian Oncology Nursing Journal*, 10:4, 140-142.
- Dunlop, W. L., & Walker, L. J. (2013). The life story: Its development and relation to narration and personal identity. *International Journal of Behavioral Development*, 37:3, 235-247.
- Fain, J. (2016). Systematic and integrative reviews of literature: Core component of AADE's 2016-2018 strategic plan. *The Diabetes Educator*, 511-512.
- Froggett, L., & Trustring, M. (2014). Object relations in the museum: A psychosocial perspective. *Museum Management and Curatorship*, 29:5, 482-497.
- Frois, J. D. (2010). Lanca art education. *Visual Arts Research*, 36:2, 1-14.
- Gabel, A., & Robb, M. (2017). (Re)considering psychological constructs: A thematic synthesis defining five therapeutic factors in group art therapy. *The Arts in Psychotherapy*, 55:2017, 126-135.
- Gibson, E. (2016). Notes on the postmodern museum. *The New Criterion*, 23-26.
- Gregg, A. P., Sedikides, C., & Gebauer, J. E. (2011). Dynamics of identity: Between self-enhancement and self-assessment. In S. Schwartz, K. Luyckx, & V. L. Vignoles, (Eds.), *Handbook of identity theory and research volume 1: Structures and processes* (305-327). New York City, NY: Springer.
- Hall, C. S. (1999). A primer of Freudian psychology. Penguin Putnam Inc., New York City: NY.
- Heidenreich, M., & Plaza, B. (2015). Renewal through culture? The value of museums in the renewal of industrial regions in Europe. *European Planning Studies*, 23:8, 1441-1455
- Heymen, E., Roest, J., Williams, G., Van Hooren, S. (2017). Therapeutic alliance is a factor of change in arts therapies and psychomotor therapy with adults who have mental health problems. *The Arts in Psychotherapy*, 55:2017, 111-115.

- Hinz, L. D. (2009). *Expressive therapies continuum: A framework for using art in therapy*. Routledge, New York City: NY.
- Jeon, K., Moon, S. M., & French, B. (2011). Differential effects of divergent thinking, domain knowledge, and interest on creative performance in art and math. *Creativity Research Journal*, 23: 1, 60-71.
- Kaufman, R., Rinehardt, E., Hine, H., Wilkinson, B., Tush, P., Mead, B., & Fernandez, F. (2014). The effects of a museum art program on the self-concept of children. *Art Therapy: Journal of the American Art Therapy Association*, 31:3, 118-125.
- LaMothe, R. (2008). Alter(ing) potential space: Personalization and community in psychoanalytic therapy. *The American Journal of Psychoanalysis*, 68: 360-378.
- Lesser, Y. (2007). Potential space: Knowing and not knowing in the treatment of traumatized children and young people. *British Journal of Social Work*, 37, 23-37.
- Lusebrink, V. J. (1990). *Imagery and visual expression in therapy*. Plenum Press, New York City: NY.
- Loannides, E. (2017). Museums as therapeutic environments and the contribution of art therapy. *Museum International*, 68:271-272, 98-109.
- Maerker, A. (2015). Towards a comparative history of touch and spaces of display: The body as epistemic object. *Historical Social Research*, 40:1, 284-300.
- McNutt, J. V. (2013). Open studio art therapy. In K. Malchiodi. (Ed.), *Art Therapy and Healthcare* (281-290) New York City, NY: Gulliford Press.
- McWhirter, P., & Waldo, M. (2014). Positive psychology and curative community groups: Life satisfaction, depression, and group therapeutic factors. *The Journal for Specialists in Group Work*, 39:4, 366-380.

- Midgley, G. (2000). *Contemporary systems thinking*. Boston, MA: Springer.
- Moon, B. (2008). *Introduction to art therapy: Faith in the product (2nd ed.)*. Charles C. Thomas, Springfield, IL.
- Naumburg, M. (1987). *Dynamically oriented art therapy: Its principles and practices*. Chicago, IL: Magnolia Street Publishers.
- Overgaard, I., Sorensen, N. O. (2015). Can an art museum help in combating loneliness?. *Journal of Applied Arts and Health*, 6:2, 187-203.
- Peacock, K. (2011). Museum education and art therapy: Exploring an innovative partnership, *Art Therapy: Journal of the American Art Therapy Association*, 29: 3, 133-137.
- Pelowski, M., Forster, M., Tinio, P. P. L., Scholl, M., & Leder, H. Beyond the lab: An examination of key factors influencing interaction with ‘real’ and museum-based art. *Psychology of Aesthetics*, 11:3, 245-264.
- Reid, N. (2011). Inclusive art gallery practices: Exploring collaborative processes and pedagogy in outreach community programming. *The Canadian Review of Art Education*, 38, 68-82.
- ResearchGate (2015). Guidance for conducting systematic scoping reviews. Retrieved from https://www.researchgate.net/publication/279730442_Guidance_for_conducting_systematic_scoping_reviews.
- Rosenberg, F. (2009). The MoMA Alzheimer’s project: Programming and resources for making art accessible to people with Alzheimer’s disease and their caregivers. *Arts & Health*, 1:1, 93-97.
- Rosenblatt, B. (2014). Museum education and art therapy: Promoting wellness in older adults. *Journal of Museum Education*, 39:3, 293-301.

- Salom, A. (2011). Reinventing the setting: Art therapy in museums. *The Arts in Psychotherapy*, 38, 81-85.
- Salom, A. (2015). Weaving potential space and acculturation: Art therapy at the museum. *Journal of Applied Arts & Health*, 6:1, 47-62.
- Shaer, D., Baker, K., Springham, N., Pillinger, S., Cork, A., Brew, J. Forshaw, Y., Moody, P., & Chris, S. (2008). The role of art therapy in a pilot for art based information prescription at Tate Britain. *International Journal of Art Therapy*, 13:1, 25-33.
- Silverman, L.H. (2010). *The social work of museums*. New York City, NY: Routledge.
- Smith, B. (1990). Potential space and the Rorschach: An application of object relations theory. *Journal of Personality Assessment*, 55: 3&4, 756-767.
- Specker, E., Tinio, P. P. L., & Van Elk, M. (2017). Do you see what I see? An investigation of the aesthetic experience in the laboratory and museum. *Psychology of Aesthetics*, 11:3, 265-275.
- Spencer, E. J. (2012). Art, potential space, and psychotherapy: A museum workshop for licensed clinical social workers. *Social Work Edition*, 31:6, 778-784.
- Sutton, T. (2007). Taking up space: Museum exploration in the twenty-first century. *The Journal of Aesthetic Education*, 41:4, 87-100.
- Thaler, L., Drapeau, C., Leclerc, J., Lajeunesse, M., Cottier, D., Kahan, E., Ferenczy, N., & Steiger, H. (2017). An adjunctive, museum-based art therapy experience in the treatment of women with severe eating disorders. *The Arts in Psychotherapy*, 56, 1-6).
- Thumin, N. (2010). Self-representation in museums: Therapy or democracy?. *Critical Discourse Studies*, 7:4, 291-304.

- Torraco, R. J. (2005). Writing integrative literature reviews: Guidelines and examples. *Human Resource development Review*, 4:3, 356-367.
- Treadon, C. B. (2016). Bringing art therapy into museums. In D. Gussak, & M. Rosal, (Eds), *The Wiley handbook of art therapy* (487-497). Malden, MA: John Wiley & Sons, Ltd.
- Treadon, C. B., Rosal, M., & Thompson, V. D. (2006). Opening the doors of art museums for therapeutic processes. *The Arts in Psychotherapy*, 33, 288-301.
- Troyan, C. (2015). National Veterans Art Museum, "surrealism and war". *Chicago Review*, 59:1/2, 302-305.
- Tucknott-Cohen, T., & Ehresman, C. (2016). Art therapy for an individual with late stage dementia: A clinical case description. *Art Therapy: Journal of the American Art Therapy Association*, 33:1, 41-45.
- Veder, R. (2009). Arthur B. Davies' inhalation theory of art. *American Art*, 23:1, 56-77.
- Vignoles, V. L., Schwartz, S. J., & Luyckx, K. (2011). Introduction towards an integrative view of identity. In S. Schwartz, K. Luyckx, & V. L. Vignoles, (Eds). *Handbook of identity theory and research volume 1: Structures and processes* (1-27). New York City, NY: Springer.
- Williams, R. (2010). Honoring the personal response: a strategy for serving the public hunger for connection. *The Journal of Museum Education*, 35:1, 93-102.
- Winnicott, D. W. (1988). *Playing and Reality*. London, UK: Pelican.

APPENDIX A

Figure A1. Art therapy in art museums checklist. This figure lists components of art therapy programming necessary for art therapy to take place in art museums.

ART THERAPY IN ART MUSEUMS

1. IDENTIFICATION OF TARGET POPULATION

Age:

Areas of concern/things to address in therapy:

2. TREATMENT GOALS RELEVANT TO POPULATION

Goal 1:

Goal 2:

Goal 3:

3. GALLERIES FROM WHICH ARTWORK WILL BE CHOSEN

Gallery 1:

Gallery 2:

4. MATERIAL CHOICES

MATERIAL 1

MDV:

Component of ETC:

Treatment goal(s) addressed:

MATERIAL 2

MDV:

Component of ETC:

Treatment goal(s) addressed:

MATERIAL 3

MDV:

Component of ETC:

Treatment goal(s) addressed:

5. ART MAKING SPACE

Concerns regarding use of gallery space:

Special precautions needed:

Additional museum staff needed: